STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-2
County Carroll	Registration Dist. No. 7.5
Village or City Manchester	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 2. ds. How long in U.S. if of foreign birth?
2. FULL NAME Maurice Martin	alban
(a) Residence: No. Manchester (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH January 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Ella, M. Alban	1 HEREBY CERTIFY, That I attended deceased from 19.33, to from \$\frac{4}{2}\$, 19.83
6. DATE OF BIRTH (month, day, and year) Nov. 112 1907	I last saw hour alive on flour 3 , 194; death is said
7. AGE Years Months Days If LESS than I day,hrs,	to have occurred on the date stated above, at 4.5 4 m.
26 1 23 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Farm Wark SAWYER, BOOKKEEPER, etc.	Slegel deslose (Khumalus) 1918
SAWYER, BOOKKEEPER, etc	Mutral Carries
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Justifferency
10. Date deceased last worked at this occupation (month and spent in this	of How I then the
year) hov 1433 occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city of town)	Other Coursetty Causes of Importance.
(State or country) many count	
13. NAME Edward M. alban	
13. NAME Edward the alban 14. BIRTHPLACE (city or town) (State or country) Marylend	Name of operation. What test confirmed diagnosis? Page System Towks there an autopsy? Leo
15. MAIDEN NAME Flourence In 10 matheas 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Manfand	Where did injury occur?
17, INFORMANT Ella Mi allean (Address) Manchester Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Grave Run My Date Jan 1 1934	Nature of injury
9. UNDERTAKER Jacol Wringer Loys (Address) manghester Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED faw 7 , 1933 Mis & R. J. Denner Registrar.	(Signed) (Herry Spleigher M.D. (Address) Mesting Spleigher M.D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 03A13034	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BLOEM V. S.	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

(a) Residence: No. (Usual place of abode)

were as follows:

to have occurred on the date stated above.

Other Contributory Causes of importance:

If nonresident give city or town and State

CERTLEY. That J attended deceased from

Date of onset

MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

21. DATE OF DEATH

If LESS than

1 dayhrs.

Registrar.

ormin.

6. DATE OF BIRTH (month, day, and year) 7. AGE

OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.

Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.....

10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town).

(State or country) HER

FAT 14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL CREMATION

19. UNDERTAKER

Name of operation ... What test confirmed diagnosis?... Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Accident, suicide, or homicide?______ Date of injury______, 19___ Where did injury occur?

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

cupation of deceased?

(Address) _____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

certificate back may that instructions supplied See plai carefully important. ij DEA WRITE mation MOLL

PHYSICIAN

xact

3. SEX

RECORD.

BINDING

RESERVED

ARGIN

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		19 8	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis &	1 year
		A W	

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Arteriosclerosis ECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	\4 1921	Run over by street car	1 week ago
	July 5, 1927	Peritonitis	3 days ago
BURTAN			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

of OCCUPA-

1. PLACE OF DEATH	(131)
County Carroll	Registration Dist. No.
Village or City Sykesville, Md., Springfi Length of residence in city or town where death occurred 0 yrs 1 mos	
2. FULL NAME William H. Cook	
(a) Residence: No. 628 Ridge Ave. Silver (Usual place of abode)	Springs, WMd. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED ("unife the word) Married	21. DATE OF DEATH January 10 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Wood	22. I HEREBY CERTIFY, That I attended deceased from November 14 19 33 to January 10 1934
6. DATE OF BIRTH (month, day, and year) May 1, 1875 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs. ormin.	I last saw h_imalive onJanuary_10
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) Week in Oct. 33 occupation 33	General Arterio-sclerosis Unk. with chronic interstitial nephritis.
12. BIRTHPLACE (city or town)IOWA (State or country)	Other Contributory Causes of Importance: Cardiac dilation and decom-
13. NAME Michael Cook	pensation 12-20-33
14. BIRTHPLACE (city or town) Ohio (State or country)	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME ROSE Ellwood	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Rose Ellwood 16. BIRTHPLACE (city or town) Indiana (State or country)	Accident, suicide, or homicide?
17. INFORMANT HOSPITAL records (Address) S. S. Hosp. Sykesville, Md. 18. EURIAL, CREMATION, OR REMOVAL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Colorelle Md. Date Jaw. 13, 1934	Manner of injuryNature of injury
19. UNDERTAKER J. E. Pringelieg (Address) Korrile Wish.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan 10, 1934 CHarry Mess. Registrar.	(Signed) John L. Welhered M. D. (Address) S. S. (Hosh: 5 missville, All d.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
		AN WIN TON	

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

8

1. PLACE OF DEATH WITHIN CON.	93-E
County Carroll MITS a	Registration Dist. No.
Village or City ON estrainster	No. 20 M, Church St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Joseph Letma (a) Residence: No. 20 %, Church (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH /- 4- 34 , 193
5a. If married widowed or divorced	(Month) (Dey) (Year)
HUSBAND of mary Polsler detman	22. HEREBY CERTIFY, Thet I attended deceased from 1-4-34, 19 10 1-4-34, 19
6. DATE OF BIRTH (month, day, and year) Trov > 1850	I last saw h 'M elive on had when cally 194 - 3 Yeath is said
7. AGE Yeers Months Days If LESS then	to have occurred on the date steted ebove, et 10:15-0
83 1 27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
8 Trade profession or postionles	were es follows: Mys cartho (Chroni) Date of onset
Kind of work done, as SPINNER, Returned Farmer SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SLIK MILL, SAW MILL, BANK, etc Po-Deto deceased lest worked at this occupation (most) and	
Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc.	
Deto deceased lest worked at this occupation (month and spent in this	
year) occupetion	
12. BIRTHPLACE (city or town) Bleasant vally	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME Henry & Thomas	
14. BIRTHPLACE (city or town) Lessmans	Name of avaiding Provide
(State or country)	Name of operation
W 15. MAIDEN NAME Forus Of Selecther	Whet test confirmed diagnosis? Wes there an autopsy? Me
I Is. MAIDEN HAME Jausa Schulthers	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Belamany	Accident, suicide, or homicide? Deta of injury, 19
(Stete or country)	Where did injury occur?(Sacistantial Sacistantial Sa
17. INFORMANT Mary Palster ditrien (Address) Washmirster md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Deir Park Detegan. 6, 1934	Neture of Injury
19. UNDERTAKER 7413 ankard + 500 (Addiess) Meatinington mid	24. Wes disease or injury In eny way related to occupation of deceased?
20, FILED / - 4, 19 K / (Woodward) Registrar.	(Signed) W.C. Samelle M.D. (Address) Machine of had
If more blanks are needed address State Parish a	M. Ch. J. C D. L D

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	i disability	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1910	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TO KIND			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	WRI	tio L	O
No. 1		CA	TIO
6/3	N. B.	(1
			-

STATE O	F MAR	YLAND—	CERTIFICATE OF DEATH 0(295
1. PLACE OF DEATH HIN CO.	74		Paristation Plan in the Control of t
County Carroll Village or City Westmin	aton		No. 111 W. Main, St., Ward
	7		death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where d	eath occurred 2_	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
		Dodrer,	
(a) Residence: No. 111 W.M.	ain St.		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARI		21. DATE OF DEATH
Male White		(write the word)	January - 13 - 1934. (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of			22. 1 HEREBY CERTIFY, That I attended decreesed from
late, Elizab	eth B.D.	odrer,	Jam 1 48 ,1934, 10 Jam 18 20 ,1984
6. DATE OF BIRTH (month, day, and year)	62-6-29		A last saw have alive on glassay /13, 1934; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 7:: 45p.m.
71 6	14	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Watchman	n	Orabine Heest Dulas.
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9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			V
- I I I I I I I I I I I I I I I I I I I		t in this	1
year)		pation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Carro (State or country) Maryl	-		
13. NAME Joseph Do			
14. BIRTHPLACE (city or town) Carro			Name of operation Date of
(State of country)	land,		What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Rebecca	Frock,		23. If deeth was due to external causes (VIOLENCE) fill in also the following:
O 16. BIKIHPLACE (CITY OF TOWN)	oll Co.,		Accident, suicide, or homicide?
(State of County) 222-022 y 2			Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Miss Agnes I (Address) 111 W. Main St		Andton N	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	,		Manner of injury
PleceSilver Run Cemt	tybete Jar	1.16",,, 34	Nature of injury
19. UNDERTAKER 6. 771. 74	Bt.		24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Hinfield	and,		It so, specify
20. FILED	1,00	oolwa	(Signed) Thurst Sterry M. D.
If more	blanks are needed. a	Registrar. / ddress State Registrar.	(Addressy

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	() () () () () () () () () ()
County Carrol	Registration Dist. No. 74
Village or City Sylesville	
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city fr town where death occurred yrs. 10 mos.	13 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME HEURY &. Darse	4-
(a) Residence: No. #516-K-ST-N-W-	St., Ward. Washington, D.C.
(Usual place of abode)	If nonreside t give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male While married.	(Month) (Day) (Year)
5a. If married, widowed, or diversed HUSBAND of	22. / I HEREBY CERTIFY. That I ettended deceased from
(or) Willia - Dorsey.	7 th-15- 1033 to Land 13-1034
6. DATE OF BIRTH (month, day, and year) July 28 1852	Mast saw h. Man elive on Jan 13- , 1934; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
8 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arleres octeroses
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	General orterio-relevosis: to
SAW MILL, BANK, etc.	Car Car
	13.2%
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	The state of the s
(State or country)	my o Caralla; chamies
I 13. NAME Carrett worsey	Ouration ten gears.
13. NAME Sauth Saray 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? . Claure J Was there an autopsy?
15. MAIDEN NAME Wallans	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide?
(State or country) House	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT HOSpital for	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	
Someth Cuntell Date Cu 1934	Manner of injury
July Date of the Control of the Cont	Nature of injury
19. UNDERTAKER / Lell + Sau Dy.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Syrusville M.	If so, specify All YV Hurry 249
20, FILED Jan. 1,3, 1934 Chany Weer	(Signed) M.D.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County barroll boy Md.	Registration Dist. No. 76
Village or City Westminster	ND. (7 Johns St., Ward death occurred in a hopeful or institution, give its NAME instead of street and number)
X	death occurred in a nonlinear or institution, give its TV-XIVIE inteed of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Daniel Edward Exich	
(a) Residence: No. 17 John Stu	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCE (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Nellie Key Miller Essick	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec. 13, 1863	I last saw h alive on 1-11- 1934; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10146m.
70 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Produce Dealer SAWYER, BDDKKEEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) 11. Total time (years) Spant in this occupation (month and the control of	
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and 1926 year)	
12. BIRTHPLACE (city or town) barroll bounts	Other Contributory Causes of importance:
(State or country) Maryland,	J
13. NAME Jacob Essich 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	•W at test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susan Margard Chungardner (15) 16. BIRTHPLACE (city or town) Jean (State or country)	(VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Searnow Soul	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) Maryland	Where did injury occur?
17. INFORMANT Hisburt & Cosich (Address) Westersiette Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hough Combat Jay 13, 1934	Nature of injury
19. UNDERTAKER A. A. Caspases HSm. (Address)	24. Was disease or Injury In any way related to occupation of deceased?
human fred	(Signed) (Signed) M. D.
2D. FILED A. 193 A. Registrar.	(Address) Wishmuch had
	N. C. J. C. D. C. D. C. C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	7 1934	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	Y
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
--	------------	-------	-----	---------	------------	---------------	-----------

· 2	V.S. NO. 1 N. R. WRITE PLAINLY WITH INFADING INK. THIS IS A PERMANENT RECORD Every item of infor-	WITH	ARGIN RESERVED FOR BINDING	内田子	EKVI K	O STH	FOR P	SINDIN	TINE	FCOE	D Every	1) and it	infor-	
1	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	fully	supplied.	AGE	plnous	he	stated]	EXACT	L Y.	PHY	SICIAN	pluods &	state	
-	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	n plain	terms, so	that	it may	be 1	properly	classifi	ed. E	xact	statement	of OCC	UPA-	
1	TION is very important. See instructions on back of certificate.	nt. Se	e instructi	ions of	n back	of c	ertificat	e.			1		1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92.00
County Carrall	Registration Dist. No. 74
Village or City Rukesville	No pringfeld State Narsket Ward
(If	death occurred in a horpital of hatitution, give its NAME instead of street and number)
0 . 07/1	ion long in 6.5.11 of totalgn mith:
2. FULL NAME Cluve Fagle	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH January (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (lukusa) 1852	Clast saw here alive on January 31, 19 3 4 death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 9. 2. Pm.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trede, profession, or particular kind of work done, as SPINNER hauderank SAWYER, BODKKEEPER, etc.	Date of onset
SAWYER, BODKKEEPER, etc	Chronica Endacathelia 1914
work wes done, as SILK MILL, have	
kind of work done, as SPINNER RAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month and yaar) 11. Total time (years) spent in this occupetion (month and yaar)	
12. BIRTHPLACE (city or town) Frederick County -	Dther Contributory Causes of Importance:
(State or country) Maryland	
13. NAME John Fogle 14. BIRTHPLACE (city or town) Andreigh Caush—	
14. BIRTHPLACE (city or town) & Rederich County -	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME HURCLET Locke 16. BIRTHPLACE (city or town) Laborately County (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide?
11 6 7 1 1 1	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT ACRES OF THE COLOR OF THE COLO	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Words pro Date Self 3 st 193 4	Nature of injury
19. UNDERTAKER Pough & albaigh (Address)	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Flb. 1 , 1934 Chary Wall Registrar.	(Signed) Massa M. Reso M.D. (Address) Rykesville ML
76 11 1 11 11 0 0	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and the same of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

OCCUPA

state of infor-

of OCCUPA. should item

1. PLACE OF DEATH Maryland Tuber County Carroll Colored Village or City Henryton, Md.	No. (above) St., Ward
2. FULL NAME Josephine Louise Giles	
(a) Residence: No Ellicott City, Howard Co	O • st,Md • Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH Jan., 6, 1934 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Sept., 20, 1933 July 1934
6. DATE OF BIRTH (month, day, and year) Aug., 16, 1917 7. AGE Years Months Days If LESS Man	I last saw her alive on Jan., 6, 193.4.19 ; death is said to have occurred on the date stated above, at 12.30 m.F.M.
16 4 21 lday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
STrade, profession, or particular kind of work done, as SPINNER, Domestic SAWYER, BOOKKEEPER, etc.	Pulmonary Tuberculosis
9. Industry or business in which	A 4.4 m

11. Total time (years)
spent in this Unknown this occupation (month and Unknown Washington 12. BIRTHPLACE (city or town). of Columbia (State or country) Alonzo Giles FATHER 13. NAME Washington 14. BIRTHPLACE (city or town) District of Columbia (State or country) Elenora Henson MOTHER 15. MAIDEN NAME Dayton 16. BIRTHPLACE (city or town) Maryland (State or country) O'Neill. M. D (Address) Henryton. 19. UNDERTAKER (Address) 20. FILEO 1/6/34

Deputy

Unknown

work was done, as SILK MILL, SAW MILL, BANK, etc.

Date deceased last worked at

23. If death was due to external causes (VIOLENCE) fill in also the following Accidant, suicide, or homicide? Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Manner of injury Nature of injury

If so, specify

(Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
		1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

	-	
1	N	1
6	1	1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 06300
1. PLACE OF DEATH	70
County Carroll	Registration Dist. No.
Village or City Taucey Locu	No. St., Ward
Length of residence in city or town where death occurred Ayrs,m	(If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME GLISCATE GASS	///
(a) Residence; No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) HUSBAND of HUSBAND of	21. DATE OF DEATH (Month) (Day) 1 HEREBY CERTIFY That I attended deceased from
(or) WIFE of	400 31, 1938 to Jan 1, 1980
DATE OF BIRTH (month, day, and year) 12/31/33	Vist saw h_er alive on Jour 1, 1934 death is saf
AGE Years Months Days If LESS than	to have occurred on the date stated bove, at 7,00P, m.
or min.	there as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onse
SAWYER, BOOKKEEPER, etc.	Congenulas Heav
work was done, as SILK MILL, SAW MILL, BANK, etc.	dispess
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	Wiscon
The d	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	Mrs & Oullabarrens
13. NAME Tromas Harmen	- File Men affection
14. BIRTHPLACE (city or town)	Name of operation Non pate of
(State or country)	What test confirmed diagnosis? Plusical Was there an autopsy? My
15. MAIDEN NAME Genera Keener	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
7. INFORMANT Thomas Armes Armes (Address) Con any May 2018	(Specify city or Iowa, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place delery boun Mg Date Jan 3 ,193	Nature of injury
9. UNDERTAKER Sarry & Carly -	24. Was disease or injury in any way related to occupation of deceased? US
(Addypss) Frederich Md	If so, specify
20. FILED Jan 3 , 1934 M. A. Cuefusas Registrar.	(Signed) from the Man Man M. (Address) Assure from the
	r, 2411 N. Charles Street, Baltimore, Requesting VS. No. 1.

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH 00301
County Carroll	(30)
	Registration Dist. No
Village or City News Wishminster	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 2. 8-yrs	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME nathan Harris	
(a) Residence: No. Ma. Westmuster. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia arm Richton Harris	22. I HEREBY CERTIFY. That I ettended deceased from
(a) file a	DEC. 22W, 1933, 10 Jans, 104
6. DATE OF BIRTH (month, day, and year) Lee 25 1856	I last saw have alive on Jan 7. 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at/_/m.
/ S or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Returned Farmer SAWYER, BOOKKEEPER, etc.	acute totarsetial nephritis 1833
kind of work done, as SPINNER, Reliable Farmer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
this occupation (month and year)	
12. BIRTHPLACE (city or town) Carroll Leo (State or country) maryland	Other Centributory Canses of Importance: On Levis Aeleurica 1920
13. NAME John Harris	
13. NAME John Harris 14. BIRTHPLACE (city or town) Carrull Ceb (State or country) mandamak	Name of operation
15. MAIDEN NAME Eleash The Hollen bears	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Elegabeth Hollenberry 16. BIRTHPLACE (city or town) - Train Town	Accident, suicide, or homicide?
State or country) maryland	Where did injury occur?
17. INFORMANT Lydia a. Harris (Address) on estranator mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (W. estimata md 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Der Park Date Jun 10, 1934	- Nature of injury
19. UNDERTAKER HB as when d & 5 on	24. Was disease or injury In any way related to occupation of deceased?
20. FILED / - F 13 Africe	(Signed) M, D.
Registrar.	(Address) // Address / Mary

CEDTICICATE OF DEATH

CTATE OF MADVIAND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
county Carroll 12	Registration Dist. No. 82
Village or City Redewells	No. St. W
	If death occurred in a horpital or institution, give its NAME instead of street and number) osds How long in U.S. if of foreign birth?yrsmos
2. FULL NAME William Hener	of Holsey
(a) Residence: No. Bidgeville (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE S. SINGLE, MARKIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan Park (Month) (Day) (Your
5a. If married, widowed, orderorced HUSBAND of (or) WIFE I HAULE Afolice	22. HEREBY CERTIFY That I attended decessed in the state of the stat
6. DATE OF BIRTH (month, day, end yeer) 344 18 18 5 4 7. AGE Years Months Days If LESS than 1 day,hrs	1 last saw h. A. alive on
8 Trade profession or particular	were as follows: Outerior Schroero 192 Gar: Interior tial Mills
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
this occupation (month and spant in this occupation) 12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
13. NAME Reclived Holsey 14. BIRTHPLACE (city or town)	Nemo of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or sounity) (Stete or sounity)	23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT ACTOR HOLLS (Address) 18. BURIAL CREMATION, OR MEMORAL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Frendship lem Date fam. 3 , 1934	Manner of Injury
19. UNDERTAKER THE MILES OF THE CANADA CONTROL OF THE CONTROL OF T	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Jan 3, 1934 Am & Deryder Registrar.	(Signed). Startly Trackly (Address) Mairy Mary 7, 2412 N. Charles Street, Baltimore, Requesting V. S. No. z.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	TILAND	CERTIFICATE OF DEATH 00303
County Carroll .	£y	Registration Dist. No.
Village or City Slaupley = P.f. S. Length of residence in city or town where death occurred		
2. FULL NAME Duman Eds (a) Residence: No. Shipley,		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH
7 O MO OR DIVOR	ARRIED. WIDOWED. CED (write the word)	21. DATE OF DEATH Auy = 79 = 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) /932 -//-	/	22. I HEREBY CERTIFY. That t attended deceased from 193 of to 193 of the control
7. AGE Years Months Days 1 2 78	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 7,40 a. m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: Date of onset
BTrade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end		Stoppe Cocus sofet Jan 20'9
year) o	I time (years) pent in this ccupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Caraste leb, (State or country) Maryland. 2 13. NAME Raymond Throthes.		27:3
13. NAME Regiment Throng 14. BIRTHPLACE (city or town) Council Ple (State or country) Many la	ud.	Name of operation
15. MAIDEN NAME & Olyn Stook. 16. BIRTHPLACE (city or town) learnell les. (State or country) many learnel		23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT L. G. Thoofe (Address) R. F. D. * 6. Thestruesty med.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sees with benty Date any 3/-, 193+		Manner of injury
19. UNDERTAKER C. M. Halto. (Address) Harfield Med.		24. Was disease or Injury in any way related to occupation of deceased?
20. FILED. 7 — 2), 103 PHOWS	Registrar.	(Signed) M. D. (Address) M. D. (Address) M. D. S. No. 1.

CEDTICICATE OF DEATH

111.9110

CTATE OF MADVIAND

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributery cover of in-	
Gallstones BUREAU V.S.	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
The same of the sa			

(Address)

20, FILE

Registrar.

If so, specify

(Signed)

(Year)

Date of onset

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

11	11	12	0.5
U	V	U	Usu
			12.0

1. PLACE OF DEATH	'LIMITS GE	(107-0)
County Carroll	, a 0 b	Registration Dist. No.
Village or City Wistran	nstu	No. 18 arion St. Ward
Length of residence in city or town where deat	h occurred / vrs 5 mo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Dean	5'00	
	accen jo	huson
(a) Residence: No. / S	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. Female B	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25 193 H
5a. If married, widowed, or divorced		(Month) (Day) (Year)
HUSBAND of (or) WIFE of		1 HEREBY CERTIFY, Thet I attended deceesed from
		Jan 24 1934, 10 Jan 25, 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months	Days 1 1932	I last saw h. OV. alive on June 93, deeth is said
/ 5-	1 day,hrs.	to heve occurred on the dete stated above, at 16: Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	ormin.	West as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	me	I recessibile (Droucko) Jun 22/5
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc IO. Date deceesed last worked at this securation (mostly and the securation)		
SAW MILL, BANK, etc	1 11 T-1-1 (ima /)	Had a cold: one or two weeks.
this occupation (month and	11. Total time (years) spent in this occupation	CwgR.
	/ 7	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) William (State or country)	· d	-
1	l	
H A	meer	
4 14. BIRTHPLACE (city or town) (State or country)		What test confirmed diagnosis? Symply Physical Was there an au'opsy? 20
15. MAIDEN NAME In arce &	hase	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Prace 6	manate	Accident, suicide, or homicide?
State or country) In way	and	Where did injury occur?
17. INFORMANT ada Cha	RL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Westmine	tu med	
18. BURIAL, CREMATION, OR REMOVAL	Pata fan 27 1054	Manner of injury
Place Willem Chapel	Date gan 27 , 1954	Nature of Injury
19. UNDERTAKER HB ankars	L & 3m	24. Was disease or injury In any way related to occupation of deceased?
(Address) Westware	ten mid	If so, specify
20. FILED. //26, 1934414	woodward	(Signed) We fleur of each M. D.
	Registrar.	(Address) lilaturisti has

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU V. S-			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state of infor-

OCCUPA-

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STATE OF MARYLAND-	CERTIFICATE OF DEATH 06306
E OF DEATH	(82·a)
Carrell	
A Company of the Comp	Registration Dist. No. 8/1
or City (plan Junon Dy	Mo. St., Ward footh accurred in a hospital or institution, give its NAME instead of street and number)
of residence in city or town where death occurred vrs. mo	
NAME Hrank Kesser	
sidence: No. Mr. Using Brillar	St., Ward.
(Usual place of abote)	If nonresident give city or town and State
SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
widowed, or divorced	
of Duna M. Kieden	22. I HEREBY CERTIFY. That I ettended deceased from
A to the same	nov, 1934, 10 Jan 24, 1934
RTH (month, day, and year)	I last saw h_com_alive on
Years Months Oays / If LESS than	to have occurred on the date stated above, at 4 - A m.
70 3 20 1 day,hrs.	were as follows:
profession, or particular	Oate of onset
d of work done, as SPINNER, Hamen	Coast Date
y or business in which	Cerebral fernovelage
k was done, as SILK MILL, W MILL, BANK, etc	
eceased last worked at 11. Total time (years) spent in this	
r) A-	
CE (city or town) Carroll CB MX	Other Centributery Causes of importance:
r country)	alley Schins
D.W. Keefer Man	
LACE (city or town) Carroll (P. M.	Name of operation Date of
ate or country))What test confirmed diagnosis?
NAME Varale Plany	
	23. If death was due to external couses (VIOLENCE) fill in also the following:

1. PLAC County Village Length 2. FULL (a) Re PERS 3. SEX 5a. If married, HUSBANG (or) WIFE 6. DATE OF BI 7. AGE 8. Trade. OCCUPATION kin SA 9. Industr WO SA IO. Date d this yea 12. BIRTHPLA (State FATHER 13. NAME 14. BIRTHI (St MOTHER 15. MAIDE Accident, suicide, or homicide?_____ Date of injury____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNCERTAKER (Address) If so, specify (Signed) Registrar. (Address) Lexuter If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was donc.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiol nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		2 4 4 5	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00307
1. PLACE OF DEATH	- (R-Q)
County Carroll Carroll	Registration Dist. No. 70
Village or City Harry Mary sul	NoSt.,Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Zrunius & still	Tilly.
	ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word)	21. DATE OF DEATH (Mooth) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Joseph 2 burnets Kelly	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF FIRTH (month, Jay, and year) Lune 24, 1868	I last saw har elive on security 30 18 34 death is said
7. AGE Years Months Deys If LESS the Drys	to have occurred on the date stried above, et
65 0 0 or marce	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER,	Cerenal Humany
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
To Date deceased last worked at 11. Total time (years) this occupetion (month and spent in this	
year) occupation	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) & aury 1899, Ma & (State or country)	Osttuselerisis
13. NAME Somes Harrier	
14. BIRTHPLACE (city or town) Jamytom · md ·	Name of operation
(Stefe di Country)	What test confirmed diagnosis? D. January
15. MAIDEN NAME & mily James Consquere	23. If death was due to external couses (VIOLENCE) fill in also the following:
15. MAIDEN NAME July Sauguhos 16. BIRTHPLACE (city or town) July James July July James July July July July July July July July	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) & A Barling De	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLÂCE.
18. BURIAL, CREMATION, OR REMOVAL Theform Clinellis	Manner of injury
Place Cassey town Date Feb 1 , 1934	Nature of injury
19. UNDERTAKER N. G. Feliser (Address) & angua, P.G.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED SM. 30, 1984 Mary & Well Registrar.	(Signed) Allew W-July M. I (Address) And Burlin Da
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CEINED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 00308
1. PLACE OF DEATH	- 623
County Carroll p. A	Registration Dist. No. 8/4
Village or City Mulon Dnage	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)
(h) of delivery	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME ALLTHE O. TOPS	nler
(a) Residence: No. M. ann St	St., Ward.
(Usualplace of abodé)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 14. COLOR OR TAGE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write therword)	21. DATE OF DEATH (Month) (Dey) (Veer)
5a. M married, widowed, or divorced	
(or) WIFE of John Loghler	22. I HEREBY CERTIFY. Thet I attended deceased from 1930, to Jan 1, 1933
6. DATE OF BIRTH (month, day and yeer) Wand 16 1875	I last saw h. da alive on Desselles 26, 1933; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 3. M. m.
3 8 8 2 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
Trade profession or particular	Chronic Messeconlitis Date of onest
SAWYER, BOOKKEEPER, etc. Noweelle	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. SAW MILL, BANK, etc.	
10. Dete deceased lest worked at this occupetion (month end year)	
12. BIRTHPLACE (city or town) Bruceville gnd (State er country)	Other Castributary Causes of importance: Assured Condinan Wilstation 1#/34
13. NAME Samuel Ways	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of Was there an autopsy? 72
15. MAIDEN NAME ANGRALE OF PROPERTY	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Thredorick per	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John Kolhly (Address) Junion Bridge MX	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece / hurmont Dete tan 2 , 1934	Nature of Injury
28766	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
more of the man	
20. FILED 21. 4, 1933 Lichnin	(Signed) M.D. M.D.

If more blanks are needed, dudress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GEVED	
Other contributory causes of importance:	A	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

4	. PLAC	E OF I	DEAT	HILL	I WIAIN	LAND	CERTIFICATE OF BEATTI
					THIN		(B) 184 7 (C)
					THIN CORFO.	Libera	Registration Dist. No.
	Village	or City_	We	stmins	ter,	LIMITS OF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length	of residence	ce in city	or town where	death occurred		ds. How long in U. S. if of foreign birth?yrsmosds.
2	. FULL	NAME	E	Martha	Ellen I	ong,	
	(a) Re	esidence:	No	16½ Pa	nna. Ave.		St., Ward. If nonresident give city or town and State
afficiac	PER	SONAL	AND	STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	sex Fema			or race	S. SINGLE, MARE OR DIVORCED	(write the word)	21. DATE OF DEATH January, 18 - 1934 (Month) (Vear)
5a.	If merried,				Wilac	7 **	(Month) (Oay) (Year)
	(or) WIFE	of 7 s	at.e.	John	T. Long,		HEREBY CERTIFY, That I attended deceased from
			200	, 001311	21-01-01		Jan 1 1934, 10 Jan 18 1934
_			nth, day,		51-1-24		Chest saw h Dr. alive on June 1934; death is said
7.	AGE	Years		Months	Days	If LESS than 1 day,	to have occurred on the date stated above, at .: 202 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
		82		11	1 24	ornain.	were at follows: Date of onset
NO	Trade,	profession of work	n, or par done, a	ticular s SPINNER, ER, etc	None		greeloselesour
OCCUPATION					Worke		Carlo Cascaras Renal >
UP	WO S.A	rk was do	ne, as SI	which LK MILL, c			Carely 68 He 20 16, 15/2
S	10. Date	deceased la	ast work	ed et	11. Total ti	ne (years) tin this	Cerewin Hemosrunge Julios
_		er)				pation	Other Coutributory Causes of Importance;
12.	BIRTHPLA (Stata	CE (city or or country)		Freder	rick Co.	,	Other Couributery Causes of Importance.
~	13. NAME			iel Bla			
FATHER				IInler			Name of operation Date of
-		PLACE (ci	intry)	vn)	1		Name of operation Date of
MOTHER	15. MAIDE	N NAME		Emiline	Ways,		23. If death was due to externel causes (VIOLENCE) fill in elso the following:
01	I6. BIRTH	PLACE (ci	ty or tov	on) Carro	oll Co.,		Accident, suicide, or homicide? Date of Injury, 19
Σ		tate or cou		Mary	land.		Where did injury occur?
17					oom, Westmin	tan Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, C	REMATION	N, OR RE	EMOVAL			Manner of injury
	Places	inga	nor.	e Centy	Jan Jan	y. 21,1934	Nature of injury
19	. UNDERTAI		631	m. The	la ma	1	24. Wes disease or Injury in any way related to occupation of deceased?
20	FILED.	1-2	0,1	567	news	Registrar.	(Signed) W. Tlend Speight M. D. (Address) Pelyturusler med.
-				If more	blanks are needed, a	ddress State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVIAND_CEPTIFICATE OF DEATH

1.6 960

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage FEB 7 1934	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOI	R FURTHER	STATEMENTS	BY I	PHYSICIAN .	
				_		

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		(/pg)
County Carroll		Deviatestian Diet No. 44
1 0 0	0.	Registration Dist. No.
Village or City Ly Resvell	£	No. Mringfield State Hospital St., Ward (II death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence In city or town where	death occurred / yrs.	mos. 24 ds. How long in U.S. If of foraign birth? yrs. mos. ds.
1/ ant.	mehring	0
2. FULL NAME of arry		1/ 0 +0 / 70.
(a) Residence: No	thorpe Md.	St, Ward. Halethorpe. Md
DEDCOMAL AND CONTROL	(Usual place of abode)	Il nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDO OR DIVORCED (write the	and)
Male Shite	Single	, 193 T
5a. If marriad, widowed, or divorcad HUSBAND of	0	
(or) WIFE of		22. O I HEREBY CERTIFY, That I attended decaased from
		February 12th, 1921, to January 16 1934
6. DATE OF BIRTH (month, day, and year) Sup	tember 23 188	4 I last saw hum alive on farming 164, 1934; death is said
7. AGE Yaars Months	Days If LESS	To make the tild dots stated abord, at
49 3	2.4 1 day,	The I KINCLEAL CAUSE OF DEATH and releted causes of Importance
8 Frede, profassion, or particular	7 01	n. were as follows:
kind of work dona, as SPINNER,	None.	Ineumonia (lobar) Jan 11th
A M. Industry or business in which		
work was done, as SILK MILL, SAW MILL, BANK, etc		1934
O 10 Date deceased last worked et	11. Total time (years)	
this occupation (month end yaar)	spant In this	V
12. BIRTHPLACE (city or town) Balta		Othar Contributory Canses of importance:
12. BIRTHPLACE (city or town)	md.	
	rrice.	
13. NAME Thelip Mehris	ng	,
13. NAME Philip Mehris 14. BIRTHPLACE (city or town). with	www	Name of operation home Dete of
(State or country)	many.	What test confirmed diagnosis? Wes there an au'opsy? No
15. MAIDEN NAME Mary Wi	dmar	23. If daeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Wi	altinore	
State or country)	md.	Accident, suicide, or homicide?
01. 1: 11	U-17.1Pe.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT pringfield slate &		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURTAL, CREMATION, OR REMOVAL	, md.	
10. DOBIAL, CREMINITION, OR REMOVAL	18 1 . 11	Menner of injury
a sent of the sent	Date 100 Li [3]	2-47 Neture of Injury
19. UNDERTAKER B.C. Have	1	24. Wes disease or injury in eny way ralated to occupation of deceased? None
(Addrass) /15 E. Hask &	4. Bathinera	If so, specify
lacust 21 M	16 M	(Signed) Lohn h. Morris
20. FILED. 7. 19. 3. 4. 19. 3.	Regio	M. D. Maddrace (S.S.H.) Rupesville, M.d.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	S year 3
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	1 No.

V. S. No. 1

(Address)

Registration Dist. No.	14
No. Springfield state Hospital St.	Ward
leath occurred in a hospital or institution, give its NAME instead of street as	nd number)
30 ds. How long in U.S. if of foreign birth?	_mosds.
	50
St., Ward. Balturwe, Md.	
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	
January J.	1024
(Month) (Day)	(Yeer)
22. HEREBY CERTIFY. That I attend	ed deceased from
July 26" ,1915, to Jamary 5	19 33
(1)	death is said
to have occurred on the date stated above, at \$1480.m.	I; death is said
The PRINCIPAL CAUSE OF DEATH and related causes of importence	
were as follows:	Date of enset
· · · · · · · · · · · · · · · · · · ·	Date of onset
Carcinoma of the Stomach	Prior to
(Pylonic orifice)	
	1933

Other Contributory Causes of importance:	
Name of operation Two Date of	
Name of operation Date of	
What test confirmed diagnosis? Port mortun finding Was there as	au'opsy?_yes
23. If death was due to external causes (VIOLENCE) fill in elso the followi	ing:
Accident, suicide, or homicide? Date of injury	, 19
Where did injury occur?	
(Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC F	(ale)
, and any observed in the boatter, in House, or the poblic p	LAGE.
Manage of Inlan-	
Manner of injury	
Nature of injury	
24. Was diseese or injury in any way related to occupation of deceased?	no
If so, specify	
(Signed) John h. Morris	M. D.
(Address) (SSM) By kesville ma	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis FED 3 1934	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 111312
1. PLACE OF DEATH	82-20
County Carrell	Registration Dist. No. 70
Village or City Janeytown	No. St Word
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street end number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Mrs. annie & Muln	A
(a) Residence: No. Zamentan	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jan 4 th 1934
5a. If merried, widowad, or diversed HUSBAND of	(Month) (Day) (Year)
(or) HAFE of Jesse Mullion	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Teb 9. 18 47	1934, to Jan 1934, 1934 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 120 pm.
86 10 26 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade profession or continue	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this coveraging (month and	Cerebral Henourshage gan 2:
work was done, as SILK MILL, SAW MILL, BANK, etc	1/1934
To Date deceased last worked at this occupation (month and year) occupation occupa	
12. BIRTIFPLACE (city or town) .	Other Contributory Causes of Importance:
(State or country)	
E 13. NAME Sette & Writtmore	
13. NAME SELVE & WILLIAMS 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there en autopsy?
I 15. MAIDEN NAME CECOLETA SALLMAN	23. If death was dua to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME CLASHER Shelman 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT MON SCHOOL (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMODAL Piede Slasant Vallux Date Daw. 6, 1934	Manner of Injury
lones of	Nature of injury
19. UNDERTAKER (Address) anlugum	24. Was disease or injury in any way related to occupation of deceased? 100
20. FILED an. S. , 1934 Ethel Mehring Resistrar.	(Signed) A la lemer M. D. (Address) A a la Tipe M. D.
If more blanks are needed, address State Registrar, 2	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

STATE OF MARYLAND	CERTIFICATE OF DEATH 60313
1. PLACE OF DEATH	
County Caroll.	Registration Dist. No.
Village of City Samber - P. f. A. fine	St., Ward
14	f death occurred int a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Milded Elizabeth Pa	mal.
(a) Residence: No. was Saubty (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Level 15. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1920 - 11 - 17	I last saw h elive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3/30 p.m.
13 2 1/ ornain.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) spent in this occupation.	gim Shot dond in the back of the fraud accitence
12. BIRTHPLACE (city or town) barroll leo. (State or country) many land.	Other Contributory Causes of Importance:
13. NAME albert agreement, 14. BIRTHPLACE (city or town) barroll be.	
(State or country)	Name of operation
15. MAIDEN NAME Zeomes E. Bucking Lane 16. BIRTHPLACE (city or town) Cases el les (Stete or country) Thankshure (Address) R.F. J. frunkshure Med. 18. BURIAL, CREMATION, OR REMOVAL Plece Int Classant Country 19. BURIAL CREMATION.	What test confirmed diagnosis? Was there an autopsy? 23. If deeth was due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? **LCELLIBERT Date of injury **County 19.74** Where did injury occur? **County and State** Specify whether Injury occured in NOUSTRY, in HOME, or in PUBLIC PLACE. **Manner of Injury **Manner
19. UNOERTAKER 6. M. Maltati (Address) Ningfield Mid.	24. Was disease or Injury in eny wey releted to occupation of deceesed? If so, specify (Signed) (Signed) M. D.
20. FILED Registrar.	(Address) Mastrumstes mil
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I VED	1	Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	75 4 4000	Other contributory causes of importance:	
Gausiones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

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STATE OF	MARYLAND-	CERTIFICATE OF DEATH 063	14
1. PLACE OF DEATH		93-6	
County Carroll		Registration Dist. No.	
Village or City Sylesulle		ND. Springfield State Availed St., death occurred in a hospitally institution, give its NAME inhead of street and number	_War
Length of residence in city or town where deat	h occurred to yrs. 11 mos	. 21 ds. How long in U.S. if of foreign birth?yrsmos	d
2. FULL NAME Many P	Ilination		
(a) Residence: No. 3 6 15 Cl.	esterfield aue		
	(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
pude white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mooth) (Day) (Y)	dar)
e. If married, widowed, or divorced HUSBAND of	9	22. I HEREBY CERTIFY, That I attended decease	ed fro
(or) WIFE of		august , 1925, 10 January 28, 15	
5. DATE OF BIRTH (month, day, and year)	562, immanous	I last saw h. 22 alive on January 28 1934; death	is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 7: 1572.m.	
72	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	of onse
Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	none		25
SAW MILL, BANK, etc.			
10. Date deceased lest worked at this occupation (month end year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Ballin	wore	Other Contributory Causes of Importance:	
(State or country) Maru	land -	Chronic Myocardetis and 19.	27
13. NAME George A.	2 illington	myocardial deglieration	
14. BIRTHPLACE (city or town) Balls	more 0	Name of operation Date of	
(State of country)	uland	Whet test confirmed diagnosis? Was there an eulopsy	7.14
15. MAIDEN NAME Clicaled 15. BIRTHPLACE (city or town)	Veller	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	liniace	Accident, suicide, or homicide? Date of injury, 1	9
(State or country)	yland	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT book to the Com (Address) Subscille	200 -	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OF REMOVAL	Date Jan 3/ 1934	Manner of injury	
19. UNDERTAKER Mellain (Appless) /2/7 SX F	levers	24. Was disease or injury In any way related to occupation of deceased?	ġ
20. FILED un. 28, 19.34 CA	assy Heer Registrar.	(Signed) M. Vorginia Beyon	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	Example II The principal cause of death and related caus of importance were as follows: Attack of epilepsy	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	Indeel ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis BUREAT	3 day ago
		7	V. S.
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			*

1. PLACE OF DEATH County Village or City Thurston Alex	Registration Dist. No. No. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. Puttery St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Swrite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from 1934, to 20-, 1934. I last saw h Day alive on 1934; death is said to have occurred on the date stated above, at 6 pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
No. Date of the company of the compa	prinatore
this occupation (month and spant in this occupation (state or county)	Other Contributory Canses of importance:
13. NAME Roymond Pillings 14. BIRTHPLACE (city or town) (Stata or country)	Name af operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ella Francy 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?

16. BIRTHPLACE (city or town (State or country) 18. BURIAL, CREMATION, OR BEMOVAL

19. UNDERTAKER (Address)

(Address)

Natura of injury 24. Was diseasa or injury in any way related to occupation of deceased? If so, specify (Signed)

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Where did injury occur?_.

Manner of injury

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Arteriosclerosis	BECFIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FER 5 1914	July 5,1927	Perilonilis	3 days ago
	BUREAU V. S.			
Other contributory	auses of importance:	3	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				4/4

ADDITIONAL SPACE FOR FUR	ER STATEMENTS BY PHYSICIAL
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	CERTIFICATE OF DEATH 00316
1. PLACE OF DEATH	(107-a)
County Carroll	Registration Dist. No.
Village or City near Westmington	No. St., Ward
Length of residence in city or town where death occurred 42-yrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Charles Fruita Resse	
(a) Residence: No. Nr. Westminster	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Marie Married	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced, HUSBAND of madline Breen Reese. (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Nov 23 - 1893	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the deta stated above, at 3. 46 m
40 2 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade profession or particular	acoto Interstition Date of onset
kind of work done, as SPINNER, Tormer SAWYER, BOOKKEEPER, etc	met lant our
9. Industry or business in which work was done, as SILK MILL,	1903
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked at this occupation (month and spant in this	Broncho-presmonia. Deration; two days, Cupp
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Meshistation Pans
(State or country) Maryland	Premma 1934
13. NAME Cohas W. Reese	assitis Cardias Orlatalus fau 2.
13. NAME Chas W. Rese	Name of operation Date of 49.3
(State or country) Mary Corect	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill a also the following:
16. BIRTHPLACE (city or town) (State or country) manyland	Accident, suicide, or homicide? Date of injury
-1 (State of country) / Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Gerbrusche Real (Address) Oyledminster md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Monders Oate / 25 , 1934	Nature of Injury
19. UNDERTAKER HBankend & Son (Address) Westminister and	24. Was disease or injury In eny way related to occupetion of deceased?
20. FILEO // X4 , 1934 Julio Dund Registrar.	(Signed) Charles R. Lout M. D. (Address) MR Advance (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	16 4 4000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 06317
1. PLACE OF DEATH	23
County Carcall	Registration Dist. No.
1 6.	No kringfuls Wet Nagferting
Village or City Ough Cloudly (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	How long in V.S. If of foreign birth?yrsmosds.
2. FULL NAME Gaelan A Runa	ec
(a) Residence: No. //2 Anath Fulto.	ze Selve Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Jewale white OR DIVORCED (write word)	(Month) (Day) (Year)
Sa. If merried, widowed, or divorced	
HUSBAND OF Watter & Repair	22. I HEREBY CERTIFY, That I attended deceased from
17 0	, 10-1
6. DATE OF BIRTH (month, day, and year) Lele, 22 1903	I last saw here alive on January 28, 19 34, death is said
7. AGE Years Months Days II LESS than 1 day,hrs.	to have occurred on the date stated above, atni. The PRINCIPAL CAUSE OF DEATH and related causes of importance
30 1/ 6 or min.	were as follows:
Trade, profession, or perticular kind of work done, as SPINNER	4
SAWYER, BOOKKEEPER, etc.	Vuder sulases of the 1993
9. Industry or business in which work was done, as SILK MILL,	Desings,
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased iest worked at this occupation (month and spant in this	
this occupetion (month and spant in this occupation occupation	
Qual TN. 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Quelles Causes (State or country) Weeker Rand	
13. NAME Thaceas Howard Recently 14. BIRTHPLACE (city or town) Alchester Laurely-	
(State or country)	Name of operation
(State of country) was grace.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Matter Marchall 16. BIRTHPLACE (city or town) relievely (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) we the clean	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19
(State or country) Maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Nasfall Recarde	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Lykewill Ma	
18. BURIAL, CREMATION, OR REMOVAL LOPELSON ON ONE ONE 1554	Manner of injury
V Oriace	Nature of injury
19. UNDERTAKER JOS. 13. Oak	24. Was disease or injury In any way releted to occupation of deceased?
(Address) / galtinge md.	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
Other contributory causes of importance		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
14/						

V. S. No. 1 N. B.—

STATE (OF MARYLAND-	CERTIFICA	TE OF DE	ATH UC	1318
1. PLACE OF DEATH		- F2	(9)		
County Carrall			Registration	Dist. No. 7	1
Village or City Unitato	ww	No f death occurred in a hospital	lor institution give its NAM	St.,	Ward
Length of residence In city or town whera			U.S. if of foreign blrth?		
2. FULL NAME TWO M	am Collen Se	0 0			
	ıA				
(a) Residence: No Min	(Usual place of abode)	St. Ward.	If nonresiden	t give city or town and	State
PERSONAL AND STATIST		MEDIC	AL CERTIFICATE		Diare
3. SEX 4. COLOR QR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DE			
2 W	OR DIVORCED (writesthe word)		(Month)	(Day)	., 193 (Year)
5a. If married, widowed or divorced	0 00			(55)/	(1001)
(or) WIFE of Slove	w. Selby	1	LEBY CERTIF	Y hat I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	NU 20,1858	i last saw h	e on de	3/,1933	3; death is sald
7. AGE Years Months	Days If LESS than	to have occurred on the	data stated above, at/	20	
78 60	120 1 day,hrs.	The PRINCIPAL CAUSE wera as follows:	OF DEATH and related caus	ses of importance	
Trade, profession, or particular	1	Wela as follows.			Date of onset
Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Shamana	1000	bund fren	marke	
9. Industry or business in which		1 de la	1 try The	8	+
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this excuration (month and		-			
tino occupation (month and	11. Total time (years) spent in this				-
year)	ocsupation	Other Contributory Cause	s of importance		
12. BIRTHPLACE (city or town)	me	Other Controlled Control	of importance.		
(State or country)	110				
E 13. NAME Nuraham	July 2				
13. NAME Waland	Jun Co	Name of operation		Date of	-
(State or country)			nosis?		
LE 15. MAIDEN NAME	lanour		ternal causes (VIOLENCE) fi		
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	La lamana		icida?		
O 16. BIRTHPLACE (city or town) (State on country)		Where did injury occur?_		Data of Hijury	, 13
200112	Lolly		(Specify city or	r town, county and Stat	te)
17. INFORMANT (Address)		Spacify whether injury of	curred in INDUSTRY, in HO	JME, OF IN PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	and James	Menney of Internal			
Place M. B. Umrileur	Date 210W. 3 198 to	Manner of injury			
1, 196		Nature of injury			
19. UNDERTAKER	woon		in any way related to occup	ation of deceasad?	
(Address) and (Address)	m one.	If so, specify	9 H	222 4	
20. FILED Jan 2 , 1933 OM	argust N. Englan	(Signed)	, of the		M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:	1	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

(Addrass) 4

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

Was there an autopsy? _ ____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

County Class and Country Village or City Class and Country Class a	tate 193 4 (Year)
Village or City Alas And Managery (If death occurred in a horpital or institution, give its NAME instead of street and num Length of residence (if) city or town where death occurred. 2 yrs mos ds. How long in U. S. if of foreign birth? yrs mos. 2. FULL NAME (a) Residence: No. Plasan Talley (Usual place of abdde) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (number the word) 1. DATE OF DEATH (Month) (Day) 5. It married, widowed, or divorced (Month) (Day) 6. DATE OF BIRTH (month, day, and year) (If years) (If	193 (Year)
Length of residence in city or town where death occurred and number of street and number of s	193 (Year)
Length of residence in city or town where death occurred 2 yrs ds. How long in U. S. if of foreign birth? yrs mos. 2. FULL NAME (a) Residence: No. Peasant (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of (Worth) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. NO 2. Trade, profession, or particular kind of work done, as SPINNER, ANYER, BOOKKEPER, etc. No Work was done, as SPINNER, ANYER, BOOKKEPER, etc. No With BANK, etc. 1. Industry or business in which work word, as a SPINNER, SAWYER, BOOKKEPER, etc. No Will, BANK, etc. 1. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1. Industry or business in which work word, as a SPINNER, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, et	193 4 (Year)
2. FULL NAME (a) Residence: No. Pleasant (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wyfic the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 1 Ilast saw h. Luc alive on Journal of the particular wind of work done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 12. DATE OF DEATH MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. 1 HE REBY CERTIFY That I ettended deceased of importance were as follows: 1 Industry or business in which Work was done, as SPINNER, show the state of above, etc. 3. Industry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Other Coatributory Causes of Importance:	193 4 (Year) aceased from
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (wyfie the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Other Contributory Causes of Importance: Other Contributory Causes of Importance:	193 4 (Year)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Or DIVORCED (write the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. I HEREBY CERTIFY That I ettended dee 13. SEX 1 HEREBY CERTIFY That I ettended dee 13. SEX 1 HEREBY CERTIFY That I ettended dee 13. SEX 1 HEREBY CERTIFY That I ettended dee 2 HEREBY CERTIFY THAT I ettended dee 1 HEREBY CERTIFY THAT I ett	193 4 (Year)
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waste the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPPER, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) Other Contributory Causes of Importance: 21. DATE OF DEATH (Month) (Month) (Day) 12. I HER EBY CERT I FY That I ettended dec 13. SEX 14. COLOR OR RACE (Month) (Month) (Day) 15. Less taw h. Luc. 19. Subject to have occurred on the date stated above, etc. 16. Date deceased last worked at this occupation (month and year) Other Contributory Causes of Importance:	eceased from
OR DIVORCED (whethe word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workod at this occupation (month and year) Other Contributory Causes of Importance: Other Contributory Causes of Importance:	eceased from
HUSBAND of (or) WIFE of Ownto Seph Single State of Seph Single State of Seph Single State of Seph Single Seph Sing	19.34
7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year). 11. Total time (years) spant in this occupation (Dither Contributory Causes of Importance:	death Is said
The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Decidentols: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Decidentols: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Decidentols: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Decidentols: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Decidentols: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Decidentols: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Decidentols: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Decidentols: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Decidentols: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Decidentols: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Decidentols: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Decidentols: Decidentols: The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows: Decidentols: De	
8 Trade, profession, or particular were as follows: Were as follows: Ormin. Ormin. Were as follows: Ormin. Ormin. Were as follows: Ormin. O	
R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year). 11. Total time (years) spant in this occupation (month and year). Other Contributory Causes of Importance:	D. I. d.
year) occupation July Morris Gauss of Importance:	Date of onset
year) occupation July Morris Gauss of Importance:	1/1/34
year) occupation July Month Land To Hand The Contributory Causes of Importance:	1-1-1-1
Other Contributory Causes of Importance:	
(// ///) \ / . //	
12. BIRTHPLACE (city or town) AND CO. (State or country)	
the value of the state of the s	
I July Street of help	********
14. BIRTHPLACE (city or town) Name of operation Date of (State or country)	. // .
What test confirmed diagnosis? Was there an auto 23. If death was due to external causes (VIOLENCE) fill in also the following:	opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. Date of Injury 17. Date of Injury 18. Date of Injury 19. John Charles or country	10 33
E (State or country) Where did injury occur?	5, 19
(Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	Ε.
18. BURIAL, CREMATION, OR REMOVAL J. J. Manner of injury.	
Place Flas and Vally D., Date Jam 13., 1934 Nature of injury	
19. UNDERTAKER OF THE STANDARD COMPANY TO THE STANDARD COMPANY OF THE STANDARD	10-
1- (8 34 Selling & Signed) Shrusher Long	Their Control of the
20. FILED / 195 Grand Control (Address) Le Staumate, 74	M. D.

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Example I		Example II The principal cause of death and related causes Date of on of importance were as follows:			
The principal cause of death and related causes of importance were as follows:	Date of onset				
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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- 1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of cpilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

STATE OF	MARYL	AND-	CERT	IFIC/	ATE	OF	DEATH

		STATE		Tubercu	losis Sa	_		1 1	00322
1	. PLACE OF DE		Mar. A Tana		Branch	23		77.4	
i	CountyCar			0070100	D+diron	/ - 1 1	Registration Dist		
	Village or City	Henryton	, Ma.	(lf	death occurred in a	(above)	on, give its NAME ins	tend of street and i	ward (
	Length of residence	in city or town where	death occurred	yrs. 3 mos.	24 ds. How	long in U.S. if of	foreign birth?	yrsm	osds.
-	. FULL NAME								
-		o. 626 N.		. Balto.	. kid .	Ward.			
	(a) Residence: N	0. 020 1.	(Usual place	of abode)			If nonresident give		State
	PERSONAL	AND STATIST	ICAL PARTI	CULARS			ERTIFICATE O	F DEATH	
3.		olor or RACE		RIED. WIDOWED. O (write the word) ed	21. DATE O	F DEATH	Jan., 13,	1934 (Day)	, 193 (Year)
5a.	If married, widowed, or HUSBAND of	divorced			00	UEDERV	CERTIFY,	That I attended	deceased from
	(or) WIFE of	Ca	rrie Wat	kins	Sept.	20. 193	3 , Jar	1. 13.	1934
	DATE OF BIRTH (month	An An	ril 29	1900	Hast saw h 1	m alive on Ja	n. 13. 1	193419	
	AGE Years	Months	Days	If LESS than	to have occurred	on the date state	d above, at 5.15	P. M.	
	33	8	15	1 day,hrs.	The PRINCIPAL were as follows:	CAUSE OF DEAT	'H and related causes o	f importance	Date of onset
_					P	ulmonar	y Tubercu	losis	Date of onset
0	kind of work d SAWYER, BOO	S. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.							
PAT	97 Industry or busine work was done	ess in which e, as SILK MILL, NK, etc	Unknown						Feb.
OCCUPATION	To Posts desensed for	t worked at	11. Total t	me (vears)					1933
ŏ	this occupation	(month andUnkn	OWII spe	t in this Unkno	wn				
		own Suff	olk		Other Contribute	ory Causes of Impo	ortance:		1
12	. BIRTHPLACE (city or t (State or country)		inia		-				
ER	13. NAME	Joe	Watkins						
FATHER	14. BIRTHPLACE (city	ortown Unkn				on			
F	(State or coun	try) Virg	inia		What test confirm	med diagnosis?	O	Was there an	aulopsy? leo
ER	15. MAIDEN NAME	Soph	ie Wilso	n	23. If death was d	lue to external car	uses (VIOLENCE) fill in	also the followin	g:
MOTHER	16. BIRTHPLACE (city	or town) Unkn			Accident, suicide	e, or homicide?	Date	e of injury	, 19
Σ	(State or coun	try) Virg	inia		Where did injury	y occur?	(Specify city or tov	vn, county and Sia	ite)
17	V. INFORMANT John (Address) Hel	nn E. O'N nryton, M	eill, M.	D.	Specify whether	injury occurred i	n INDÚSTRÝ, in HOME		
18	B. BURIAL, CREMATION,	OR REMOVAL	1/1	2 01	Manner of injury	у			
_	Place	, , , ,	Date	, 19. 3-7	Nature of injury				7
19	UNDERTAKER A	best En	Mille	any	24. Was disease	or injury In any v	vay related to occupation	on of deceased?	no:
	(Address)	575mile	Elders	tof	If so, specify		Val 61	971.	10
21	0 FILED 1/13/	33, 19 Joh	wo	neces.	(Signed)	7	Then The	u tori	Tud
B		Depu	Ity Loca	Registrar.	ll (Add	dress) /	- Jak	and in the	

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V. S. No. 1

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Example I		Example II	4.
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial pephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage FLD 3 1934	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

+	infor- state
X	of
1	item of should
	Every
•	ANENT RECORD. Every item of infor-
DING	ACTLY

	S	TATE OF	MARY	LAND-	CERTIFICATE OF DEATH	1323
	L PLACE OF DEAT	TH	_		(131)	
	County Carr	011			Registration Dist. No.	2
	Village or City M	t.Airv.			NoSt.,	Ward
			7.0	(If	NoSt., death occurred in a horpital or institution, give its NAME instead of street and if	number)
	Length of residence in ci			7yrs==mus	ds. How long in U.S. if of foreign birth?yrsm	D 3. U3.
	2. FULL NAME	Rosa M	. Watki		×4441	
	(a) Residence: No	Mt.Ai	ry Md.		St., Ward. If nonresident give city or town and	State
	PERSONAL AN	ID STATISTIC			MEDICAL CERTIFICATE OF DEATH	Diate
3.			. SINGLE, MARR		21. DATE OF DEATH	
	Female F	hill		(write the word)	January - 19 - (Month) (Day)	(Year)
5a	. If married, widowed, or divo	orced	Molt	Tec	(монти) (рау)	(1681)
	(or) WIFE of Tho	mas E.Wa	tkins.		22. HEREBY CERTIFY, That I attended	211
			,		17 6	193.4
_	DATE OF BIRTH (month, day			141500 11-		; death is said
7.	AGE Yaars	Months	Days	If LESS than 1 day, hrs.	to have occurred on the data stated above, a 2: 20p-, m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	68	1 6 1	19	ormin.	wera as follows:	Oate of onset
NO	8. Trade, profession, or priking of work done,	as SPINNER,	Housewi	fo	Myocarditis Oarterio - schrois	1928
ATI	SAWYER, BOOKKEE	n which	TIDING G.I.	L_L	Hubertenoion	
UP	work was dona, as S SAW MILL, BANK,	SILK MILL.			Chr. Interstal nephriti	•
OCCUPATION	10. Date deceased last wor this occupation (mo year)	nth and	11. Total tin spani occur	ne (years) in this pation	Grand Tapara	*
12	P. BIRTHPLACE (city or town) (State or country)		mery Co) ,	Other Captributory Causes of Importance:	1/10/34
2	1	Maryla Robert B.			Pulmmary odema	-
FATHER	13. NAME	Monte	omery (10		-
FA	14. BIRTHPLACE (city or to (Stata or country)	Maryl			Name ef operation Dete of What test confirmed diagnosis? Was there an	
2	1	Susan S.			23. If death was due to external causes (VIOLENCE) fill in also tha following	
MOTHER	To an	Montgo	mery Co) .	Accidant, suicide, or homicide? Date of injury.	
MOM	16. BIRTHPLACE (city or to (State or country)	Maryla			Whara did injury occur?	, **
17		mas E.Wa			(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18	B. BURIAL, CREMATION, OR I		•		Mannar of injury	
	PRine Gro	ve Cemty	.Date Jany	. 22-, 134.	Nature of Injury	
15	9. UNDERTAKER 6	m. Hal	7me		24. Wes disease or injury in any way related to occupation of deceased?	no
20	Jan 20	1.34 Thin	Delle	under	(Signed) Slauly Trabill	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation

V. S. No.

OCCUPA.

should

STATE OF MARYLAND—CERTIFICATE OF DEATH

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(Year)

Date of onset

Oct

Was there an autopsy?_U.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FOREST AND V. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B.

should state

1. PLACE OF DEATH	82-02)
County Carroll	Registration Dist. No.
Village or City Syleswille, MP	No. Springfeld Satte Housest Ward If death occurred in a hospital institution, give its NAME inste(d of street and number) os. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
13 00 0 0	Jan 100 100 100 100 100 100 100 100 100 10
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, wldowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from 1930, to January 31, 1934
6. DATE OF BIRTH (month, day, and year) 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	I fast saw h. Cre alive on January 31 , 1954; daath is said
7. AGE Yaars Months Days II LESS than	to have occurred on the date stated above, at 3:30 P.m.
79 9 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, Seamstress SAWYER, BDDKKEEPER, etc.	Cerebrul Hemourhand 1-23-3
kind of work dona, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and last) spent in this	
10. Date deceased last worked at this occupation (month and) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Saltingale (State or country)	Dthar Contributory Causes of importance:
13. NAME Samuel q. Winchester 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. Strate or country of the coun	23. If death was dua to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Company Co	Accident, suicide, or homicide?
17. INFORMANT Hospital Records	Whara did Injury occur? (Specify city or lown, county and State) Specify whethar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Addrass) 18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Spended gilla Hospa Data Hela. 4- 1034	Nature of Injury
19. UNDERTAKER Ween of Son June	24. Was disease or injury in any way ralated to occupation of deceased?
(Addrass) Sykerule 2114	If so, specify
20. FILED Feb. 2 , 1934 Cofary / heer	(Signad) M. Vittgivia Beyer M. D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

20. FILED.

(Signed)

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(Address)

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	3034	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	5.	July 5,1927	Peritonitis	3 days ago
	1			
Other eentributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00327
1. PLACE OF DEATH	107-0
County Canoll	Registration Dist. No. 6
Village or City near Wistminster	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds How long in U.S. if of foreign birth?mosds.
2. FULL NAME EN Bases 3	ebb)
(a) Residence: No. No. Westaminster	Kt. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF PACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write in word)	21. DATE OF DEATH (Month) Pay) 1934 (Month) Day) (Year)
5a. If married, widowed, or divorced WHERTO OF CASE STATE OF CONTROL OF THE STATE OF CONTROL OF THE STATE OF	22. JHEREBY CERTIFY. That I attended deceased from 1934 to form 9 - 1934
6. DATE OF BATH (month, day, and year)	I last saw h 2 d alive on for 8 - 1954; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at LQ .g m.
72 2 5 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Johows:
Trade, profession, or particular	Proming (Boosts)
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this occupation occupation	
	Other Contributory Canses of importance
12. BIRTHPLACE (city or town) (State or country)	The state of the s
Ξ //	Name of operation Date of
4. BIRTHPLACE (cfity or town) (State or country)	Name of operation Date of Was there an autopsy?
I That say	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
17. INFORMANT Joseph 8. 3.46 (Address) Williams VII	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Friders Centery Date Jaw. 12 1934	Nature of injury
19. UNDERTAKER A Transis Rige (Address) Wishington, Hel	24. Was disease or injury in any way related to occupation of deceased?
20. FILED / // 1934 Fil Wevodies Registrar.	(Signed) (Address) (Address) (Address) (Signed) (Address) (Address
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH	00328
		7/
rroll	Registration Dist. No.	16

1. PLACE OF DEATH		(5) V
County Carroll	· · / / · · · · · · · · · · · · · · · ·	Registration Dist, No. 16
Village or City neer Fin	lesburg	NoSt Wa
Length of residence In city or town where death	occurred & / vre mos	f death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME EMPTA	C Boh	ds. The rought of the rought billing
	Jef of	
(a) Residence: No. The Finless	(Usual place of abode)	St., Ward. If nonresident give city or town and Stale
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white &	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) We downed	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of the Late mary I (or) WIFE of	. shilling Zeffs	22. I HEREBY CERTIFY, That I ettended deceased for
	0 / 5 6 2	Jan (1933 to Jan 15 , 1930
6. DATE OF BIRTH (month, day, and year) And 7. AGE Years Months	9-1853 Days If LESS than	I lest saw h
8/	6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	ormin.	were es follows: - Exphanations, de cubitus unas Date oloni
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	red Farmer	mia eti
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at	11. Total time (years)	
this occupation (month end year)	spant in this occupation	
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:
(State or country) marylar	rd	Carcinoma of probable 34
13. NAME Soloman ge	lp.	
13. NAME Soloman geg 14. BIRTHPLACE (city or town) ON extension (State or country) mary	unster	Neme of operation Julia fuel cys left Dete of Jane 3 What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Rebberd n	1 Bennette	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Rebberry 16. BIRTHPLACE (city or town) My larry (State or country)	land	Accident, suicide, or homicide? Date of Injury
(State or country)		Where did injury occur?
17. INFORMANT Mrs Grace M	les	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Westweete 18. BURIAL, CREMATION, QR REMOVAL	~ md	
Place Westminster De	te 1/18 1934	Manner of Injury
19. UNDERTAKER ABankur	d & Son	24. Was disease or injury in any wey related to occupation of deceased?
(Address) W lalminater	ma	If so) specify
20. FILED / 15 / 15 / 15 / 15 / 15 / 15 / 15 / 1	lloodwa	(Signed) M
If more blank	Registrar.	(Address) W. W. Charles Street, Baltimore, Requesting V. S. No. 1.

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